

Provider Qualifications (Section E of Supplement 1, State Plan Preprint)

Case management provider organizations must be certified by the single state agency as meeting the following criteria:

1. Demonstrated capacity to provide all core elements of case management services including:
 - a. Comprehensive nursing assessment
 - b. Comprehensive care/service plan development
 - c. Linking/coordination of services
 - d. Monitoring and follow-up of services
 - e. Reassessment of the client's status and needs
2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.
3. Demonstrated experience with the target population.
4. A sufficient number of staff to meet the case management service needs of the target population.
5. An administrative capacity to ensure quality of services in accordance with state and federal requirements.
6. A financial management capacity and system that provides documentation of services and costs.
7. Capacity to document and maintain individual case records in accordance with state and federal requirements.
8. Demonstrated ability to meet all state and federal laws governing the participation of providers in the state Medicaid program.

22-9

4/28/92
1/1/92

Case Manager Qualifications

The case managers must be licensed registered nurses with a minimum of one year of experience in public health or home health and HIV disease or be a registered nurse working under the supervision of the above.

The case manager must work under the guidelines of the qualified organization.

F. Freedom of Choice (Section F of Supplement 1, State Plan Preprint)

The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of S1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

(a) Approved S1915(b) waivers will apply to free choice of the providers of other medical care under the plan.

Payment (Section G of Supplement 1, State Plan Preprint)

Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

92-9

4/28/92
1/1/92

TARGETED CASE MANAGEMENT SERVICES FOR MEDICAID ELIGIBLE SUBSTANCE
ABUSING PREGNANT WOMEN AND WOMEN WITH YOUNG CHILDREN

Target Group (Section A of Supplement 1, State Plan Preprint)

Targeted case management services will be provided to Medicaid eligible women who: 1) are either pregnant or have children under the age of five; and 2) are in need of treatment for the abuse of alcohol and other drugs.

Areas of State in which Services will be Provided (Section B of Supplement 1, State Plan Preprint)

Only in the following geographic areas (authority of S1915(g)(1) of the Act is invoked to provide services less than statewide):

Six county area to include: Polk, Yamhill, Linn, Benton, Jackson and Marion Counties.

Comparability of Services (Section C of Supplement 1, State Plan Preprint)

Services are not comparable in amount, duration and scope. Authority of S1915(g)(1) of the Act is invoked to provide services without regard to the requirements of S1902(a)(10)(B).

Definition of Services (Section D of Supplement 1, State Plan Preprint)

Required Case Management Activities

Case Management Services are those services which include:

1. Screening and Assessment - The case manager gathers information to assess the client's need for various services, foremost being treatment for alcohol and drug abuse-addiction. Information will be gathered from the criminal justice system, the Housing authority, and other sources as appropriate. A uniform assessment tool will be used for screening clients and identifying needed services.
2. Case Plan Development - The case manager brings together a treatment team that will consist of the case manager, alcohol and drug treatment provider, criminal justice system representatives, prenatal provider, and others instrumental in the client's life.

TN • <u>99-14</u>	DATE APPROVED <u>11/18/99</u>
SUPERSEDES	EFFECTIVE DATE <u>10/11/99</u>
TN • <u>99-14</u>	DATE TO C.O. _____
COMMENTS	

The treatment team will develop a case plan encompassing such components as alcohol and drug treatment, medical care, housing, education, child-care, vocational, and mental health services. Goals and objectives will be written, and resources will be identified to meet the client's needs in a coordinated, integrated fashion. The case plan will be refined in periodic meetings of the treatment team (case conferences) as treatment progresses.

3. Intervention/Implementation - The case manager will link the client with appropriate agencies and services identified in the case plan through calling or visiting these resources. The case manager will facilitate implementation of agreed-upon services through assisting the client in accessing the services and through assuring that the clients and providers fully understand how these services support the agreed-upon case plan.

Qualifications of Providers (Section E of Supplement 1, State Plan Preprint)

Provider Qualifications

Case management provider organizations must be certified by the single state agency as meeting the following criteria:

1. Demonstrated capacity to provide all core elements of case management service activities described above:
2. Understanding and knowledge of local and state resources/services which may be needed and available to the target population.
3. Demonstrated case management experience in coordinating and linking the needed community resources with the client and their families as required by the target population.
4. Demonstrated experience in working with the target population.
5. Sufficient level of staffing to meet the case management service needs of the target population.
6. An administrative capacity to monitor and ensure quality of services in accordance with State and Federal requirements.
7. A financial management capacity and system sufficient to provide documentation of service and costs.

93-8

Approved:

MAY 28

Effective: 4-1-93

8. Capacity to document and maintain individual case records in accordance with State and Federal requirements.
9. Demonstrated ability to meet all State and Federal laws governing the participation of providers in the State Medicaid program.
10. Ability to link with the Title V statewide Maternal and Child Health Data System or provide another computerized tracking and monitoring system to assure adequate follow-up and to avoid duplication.

Case Manager Qualifications

The case manager must be a registered nurse or a MSW with one year of experience coordinating human services, or a registered nurse or MSW without this experience who works under supervision of the above.

In addition, the case manager must work in compliance with the policies, procedures, and protocols approved by State Title V MCH Program to assure that minimum standards of care occur (e.g., nutrition assessments and services and sufficient office visits for good pregnancy outcomes).

Within the first year of employment, the case manager will have to successfully complete specialized training in case management of the target population. This training will be provided by the Office of Alcohol and Drug Abuse Programs and the Health Division.

Freedom of Choice (Section F of Supplement 1, State Plan Preprint)

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of X1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.
 - (a) Approved S1915(b) waivers will apply to free choice of the providers of other medical care under the plan.

93-8

Approved:

MAY 28

Effective:

4 - 1 - 93

Payment (Section G of Supplement 1, State Plan Preprint)

Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

93-8 Approved: MAY 28

Effective: 4-1-93